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PTO/SB/21 (09-04) (AW 10/2004)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **18**

Application Number	10/772,197
Filing Date	02/04/2004
First Named Inventor	George E. McKedy
Art Unit	1724
Examiner Name	Frank M. Lawrence Jr.
Attorney Docket No.	DES-120US

ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form
 - ☐ Fee Attached
- ☒ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/Declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/
Incomplete Application
 - ☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
Provisional Application
- ☐ Power of Attorney, Revocation,
Change of Correspondence
Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
 - ☐ Landscape Table on CD

- ☐ After Allowance Communication
to TC
- ☐ Appeal Communication to Board
of Appeals and Interferences
- ☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please
identify below):
PTO-2038, Return Receipt Postcard

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	James C. Abruzzo		
Date	November 17, 2005	Registration No.	55,890

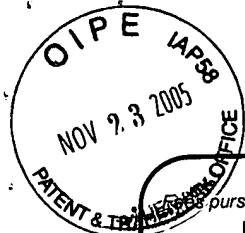
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Signature			
Typed or Printed Name	Debra L. Kelly-Ragan	Date	November 17, 2005

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Effective on 12/08/04. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/772,197
		Filing Date	February 4, 2004
		First Named Inventor	George E. McKedy
		Examiner Name	Frank M. Lawrence Jr.
		Art Unit	1724
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	DES-120US
TOTAL AMOUNT OF PAYMENT		(\$)	300.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

44 - 79 = 0 x = **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

11 - 8 = 3 x 100 = 300.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

— - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge):

SUBMITTED BY		Complete (if applicable)	
Signature	<u>James C. Abruzzo</u>	Registration No. Attorney/Agent)	55,890
Name (Print/Type)	James C. Abruzzo	Telephone	610-407-0700
		Date	November 17, 2005

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